

# EXERCISE



# CAUTION



National  
Coaching  
Certification  
Program

Prevent sport injuries



Ministry of  
Tourism  
and  
Recreation

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# Sport safety



## INTRODUCTION

No one in sport likes to think about incurring a serious injury. The facts, however, indicate that these injuries do occur. Whether you are a coach, official, manager, trainer, participant or facility operator, your responsibility is to make any aspect of activities under your control as safe as possible. If, despite your best efforts, an injury occurs, you must provide the best care possible. This does not mean that you must be a proficient injury care specialist. It does mean that you must be prepared to react to any injury situation, serious or minor. This will involve making the preliminary assessment, giving appropriate immediate first aid and ensuring further medical attention if deemed necessary.

Several topic areas will be discussed in this resource package.

1. a) Injury Prevention  
b) The First Aid Kit
2. Developing an Emergency Action Plan (EAP)
3. Liability and Risk Management
4. Injury Care
  - a) Assessing the Injury
  - b) Serious or Emergency Conditions
  - c) Soft Tissue Injuries
  - d) Minor Soft Tissue Conditions
  - e) Return to Activity
5. Resources – Emergency Care and First Aid

# Injury prevention



Most of us would agree that it is more desirable to prevent sport injury than to be faced with the prospect of dealing with one. There are several measures that you can take to ensure that injuries are kept to a minimum. The following procedures, outlined under “Injury Prevention Checklist”, are designed to help you plan an injury prevention strategy. These tasks must be performed on a regular basis to ensure you are fully prepared for any potential injury occurrence.

## INJURY PREVENTION CHECKLIST

Preventing injuries is one of your most important responsibilities. No program of prevention is perfect. Injuries will happen, often without warning. The key is to establish an overall injury prevention program. This checklist will help.

### GENERAL

- ☐ 1. Take a recognized first aid course. Remember that general first aid courses must be updated every 3 years and CPR courses must be updated every year.
- ☐ 2. Ensure that an Emergency Action Plan has been developed. (See Page 6)
- ☐ 3. Do complete regular safety checks of all equipment and premises. Keep a record of this with a date and

signature. Replace or remove immediately any used or damaged equipment or supplies.

## PRE-SEASON/EARLY SEASON

- ☐ 1. A first aid kit must be fully stocked and readily available (see page 5 for list of suggested contents).
- ☐ 2. Athletes must be in shape. Activities should be conducted that will develop strength, flexibility and endurance. Activities and training programs must be appropriate for the skill and age level of the athlete.
- ☐ 3. Information on the health status of the athletes must be obtained and recorded (see sample Player Information Card).
  - medical conditions (asthma, epilepsy, diabetes)
  - any medications they take regularly
  - any allergies
  - contact lenses, false teeth, orthopaedic braces
  - previous injuries
  - any restrictions to participating in certain activities
  - health insurance plan numbers
- ☐ 4. Any player who has had a previous injury must be 100% recovered and fully rehabilitated before returning to activity. The athlete should be cleared to play by a physician.

## DAILY ROUTINE

- ☐ 1. Athletes must complete a proper, well balanced warm-up including a light jog and slow stretching followed by vigorous exercises and drills that are similar to the actual game activity. It is also important to instruct the athletes in a cool-down phase at the end of the practice



or competition. The cool-down will include a light jog and a series of slow stretches.

- ☐ 2. The athletes' equipment must be checked to see that it is appropriate, that it fits and is kept in good repair.
- ☐ 3. Minor injuries must be recognized and taken care of quickly so they don't become major ones. All supplies in your first aid kit must be maintained.
- ☐ 4. Potential problems in the practice or competition environment must be anticipated and corrected, eg. holes or glass in the playing field, misplaced or damaged equipment.
- ☐ 5. Injured athletes must not be returned to play too soon. This could cause them further and perhaps more serious injury. When in doubt, do not allow them to play until they have consulted qualified medical personnel.

### Player Information Card

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Day Month Year

Person to be contacted in case of emergency \_\_\_\_\_

Phone numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Alternative contact \_\_\_\_\_

Phone numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Family doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Hospital insurance number: \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Relevant medical history: Medications \_\_\_\_\_  
Allergies \_\_\_\_\_

Previous injuries \_\_\_\_\_

Does the player carry and know how to administer his or her own medications? Yes: ☐ No: ☐

Other conditions (braces, contact lenses, etc.): \_\_\_\_\_

Note: Medical information is confidential. Keep this card with the team at all times. These cards should not be available to other than authorized individuals.

# List of contents for a sport injury first aid kit



Universal Cutter – Exacto Knife  
Universal Scissors  
Triangular Bandages  
Cotton Tip Applicators  
Tongue Depressors  
Economy 6" Elastic Wrap (Ace or Tensor)  
Economy 4" Elastic Wrap  
Hydrogen Peroxide (227 ml.) (plastic bottle)  
Band-aids (variety of shapes and sizes)  
Sterile Gauze pads 3" × 3"  
Moleskin  
Space Blanket  
Zip lock or plastic bags for ice  
Emergency Number Card, Change, Pencils, Paper  
Player Information Cards  
Adhesive tape 1½" wide rolls  
Adhesive tape 1" wide rolls  
Felt/Foam Padding  
First Aid Cream/Ointment

## OPTIONAL ITEMS

Pre-taping skin preparation spray  
Pre-wrap skin protection

# Developing an Emergency Action Plan



## INTRODUCTION

With your involvement in various physical activities, an encounter with a potentially serious injury is inevitable. Recognizing this fact, it is necessary to establish a plan for dealing with emergency procedures in life or limb-threatening situations.

Unless you have received specialized training in advanced first aid techniques, leave the care to the professionals. The key to the Emergency Action Plan is getting the professional care to the player as quickly as possible. For that to happen efficiently and effectively ***you must be prepared with an Emergency Action Plan.*** This is best done before your activity season begins. When developing your Emergency Action Plan you must keep in mind the Cardinal Rule of injury care – ***“If the player cannot start a movement by himself, do not move the body part for him.”*** If the player is breathing and not bleeding seriously there is no need to rush through the procedure and risk further injury. The parts of the plan include responsibilities of the charge person, responsibilities of the call person and the follow up.



## THE PARTS OF THE PLAN

### The Charge Person

The person in charge in the event of an injury may or may not be the coach. It should ideally be someone with specific injury care training. Identify an individual involved with your team/organization to take this responsibility. If there is no one who can assume this role, then the responsibility is yours. Ideally, two individuals should be familiar with this role, so that there is a backup if one person is absent.

The duties of the ***person in charge*** include all of the following:

1. Initially when coming in contact with the injured athlete, take control and assess the situation.
2. Instruct any players and bystanders to leave the injured player alone.
3. ***Do not move the athlete.***
4. Leave the athlete's equipment in place.
5. Evaluate the injury (See Section on "Injury Care.") This evaluation could include everything from an unconscious athlete to an athlete with a sprained finger. Once you have assessed the severity of the injury, decide whether or not further assistance is required.
6. If an ambulance is not needed, then decide what action is to be taken to remove the athlete from the playing surface.
7. If an ambulance is required, notify your ***call person*** (the person designated to contact emergency medical services), give a brief explanation of the injury and tell that person to make the call for an ambulance while you (the person in charge) stay with the athlete.
8. Once the call has been placed, observe the athlete carefully for any change in condition and try to reassure the injured player until professional help arrives.
9. Do not be forced into moving the athlete unnecessarily.
10. Stay calm. Keep an even tone in your voice.

## The Call Person

If it is deemed necessary to summon emergency medical services and transportation, someone must be preassigned to be the ***Call Person***. The duties of the call person include all of the following:

1. Know the location of all available telephones to use for placing the call. This will require preplanning particularly in remote field locations or in buildings with which you are not familiar.
  - Do not rely on others to find these for you after the emergency has occurred. Find out before, for yourself!
2. Prepare a list of local numbers to be used in calling ambulance, fire, police and/or doctor.

These numbers should be written out on a small card and carried conveniently at all times. This list can also be attached to the phone or posted beside it. (See Sample Call Place Information Card – page 10)

  - If using a pay phone have 25 cent pieces taped to the call place information card.
  - Do not rely on posted numbers being available on the telephone.
  - Do not rely on the operator to transfer the message. Call the required service directly. It will save time. Once prepared, the numbers may be indexed by location especially if you make frequent out-of-town visits to the same locale.
3. Know the directions and best access route to the facility. (e.g. use South road entrance-side door.) The exact location of each facility should be written out on the call place information card. This will avoid confusion by the caller in times of stress.
4. Place the call.

## **INFORMATION THE CALL PERSON MUST GIVE THE AMBULANCE DISPATCHER**

- 1. State that it is a medical emergency.**
- 2. State what the emergency is. Is the athlete conscious? Breathing normally? Bleeding? etc. State what action is being taken.**
- 3. Give the exact location; and best access route. PREFERABLY FROM YOUR PREVIOUSLY PREPARED INSTRUCTION CARD.**
- 4. Give the telephone number of the phone from which you are placing the call. This is in case they have to phone back for more information. Ask for the estimated arrival time. HAVE SOMEONE STAY BY THE PHONE.**
- 5. Report back to the person in charge and confirm that you have made the call and give the estimated arrival time.**
- 6. Go to the access entrance and wait for the emergency vehicle.**

**NOTE:** These procedures must be reviewed upon arrival at each new facility.



## The follow up

Your responsibility to the injured player does not end when he or she has been transferred to more appropriate medical care. The parents of the injured athlete must be contacted as soon as possible after the injury.

You should ensure that someone will follow up on the status of the injured player and provide as much relevant information as possible to the attending medical personnel.

The **Charge Person** should accompany the casualty to hospital, to help reassure the player and give the relevant medical history and injury circumstances to the physician. This can best be accomplished by having prepared Player Information Cards (See Page 4) and appointing as your Charge Person someone other than the coach.

### Call Place Information Card

Site \_\_\_\_\_

Phone Locations \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Police \_\_\_\_\_

Ambulance \_\_\_\_\_

Hospital Name \_\_\_\_\_ Location \_\_\_\_\_

Emergency Dept. \_\_\_\_\_ Fire \_\_\_\_\_ Gen. Emer. \_\_\_\_\_

Details to be provided to Emergency Service

Type of Emergency \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directions to Facility \_\_\_\_\_

\_\_\_\_\_

# Liability and risk management



All individuals who exercise some element of control over a sport activity must create a safe and controlled environment for the athletes. Failure to do so can lead not only to serious injury but also to serious legal consequences. It is therefore essential that you know what steps to take to provide a safe environment for athletes.

## LAW OF TORT

Most legal actions are brought against coaches and clubs and are based on alleged acts of negligence. (Negligence falls under the Law of Tort, which means a “wrong.”) However, anyone connected with a sport activity can be liable for negligent acts or omissions. For coaches, negligence implies that either they have omitted to do something which a reasonable and prudent person would have done, or that they have done something which a reasonable and prudent person would not have done.

The National Coaching Certification Program is intended to equip coaches with a basic knowledge of the techniques of coaching practice and to make coaches more aware of their roles and responsibilities. The higher the coach’s level of training the higher is his or her presumed level of knowledge and awareness of the risks associated with training. However,

both coaches and others involved with sport activity stand a much better chance of success in defending an action based on negligence if they are aware of and have followed current practices and procedures.

## **CLAIMS OF NEGLIGENCE**

Each sport-related incident is judged on its own merit, and the outcome is very much dependent on the findings of fact by the trial judge or jury. However, there are four elements that must be present for a claim of negligence to be successful. The four elements are:

1. The existence of a legal duty to exercise care in protecting the athlete.
2. A failure to conform to the standard required in discharging that duty.
3. An injury to an athlete's person, property or other rights.
4. A reasonably close causal relationship between the breach of duty and the player's injury.

## **IF A LAWSUIT...**

If a lawsuit does ensue, you may be asked some of the following questions:

- Was the attempted exercise both mentally and physically suited to the athlete's age and condition?

Progress reports, medical and personal records will serve as documentary evidence to substantiate your solid understanding of the athlete's physical and emotional preparedness.

- Was the activity properly supervised?

The degree of supervision required varies directly with the difficulty of the athletic activity. One approach is to apply the "Careful Parent Test": How much supervision would you call for if it were your child attempting a complex exercise?



- Was the athlete progressively trained and properly coached to avoid danger?

Proper coaching requires a demonstration of structured progress, with adequate review procedures to ensure that athletes will not move too quickly into areas beyond their capabilities. The provision of competent well-trained coaches, instructors and all others involved in the sport activity is a positive step towards ensuring proper instruction.

- Were up-to-date written reports maintained?

Complete detailed accident reports, including the names and observations of witnesses, immediately after any mishap.

- Were the facilities adequate and equipment suitably arranged?

Everyone, especially coaches and facility owners, must exercise caution and care when inspecting facilities and fitting uniforms and protective gear.

By following the procedures in the checklist below, you should be able to protect both yourself and your program against claims of negligence:

- ☐ Get and keep on file information on the health status of the athletes (*see player information card*).
- ☐ Keep on record every athlete's name, address, phone number, age, weight, height and hospitalization or medical-insurance number. Also keep on file the name of the athlete's family doctor and the name of the person to contact if an injury occurs.
- ☐ Be sure activity is appropriate to age and ability level of the athlete.
- ☐ Learn to teach proper progression of skill development.
- ☐ Ensure that the coach maintains Coaching Certification Levels.

- ☐ Ensure that all responsible personnel get formal training and maintain updates in emergency first aid and Cardio-pulmonary Resuscitation (CPR).
- ☐ Make sure that all athletes sign a properly drafted waiver or disclaimer releasing you and your organization from all responsibility for injury or harm suffered as a result of negligence. These waivers serve mainly to alert parents and athletes to the potential risks of participation. Ensure that parents sign for athletes under the age of 18.
- ☐ Maintain adequate progress reports on all athletes.
- ☐ Have a medical professional examine all first-aid supplies to determine whether they are adequate for emergencies.
- ☐ Try to have a qualified trainer or first-aid specialist on hand, especially in the higher risk sports.
- ☐ Keep a diary on the condition of equipment and facilities and make sure that any necessary repairs are made.
- ☐ Establish and enforce written rules for conduct on and about the training or competition area. If these rules are to protect you in a lawsuit, you must bring them to the athletes' attention regularly.
- ☐ Exercise caution and care when fitting uniforms and protective gear. Check all equipment to make sure that all participants have the necessary equipment, that it fits well, and that it is in good condition.
- ☐ Teach and review proper care of equipment with the athlete, in order to best maintain it.
- ☐ Develop and keep updated your ***Emergency Action Plan***.
- ☐ Do not leave athletes for whom you have any responsibility unsupervised, or with inadequate supervision.

## THE WRAP UP

If an injury does occur, be thorough and businesslike. Secure proper medical attention immediately; if the injury is serious, put your EAP (***Emergency Action Plan***) into operation. Providing a safe sport environment for athletes is one of the fundamental responsibilities. It is therefore essential that everyone be as prepared as possible to handle both emergencies and minor injuries, that the medical history of each athlete is readily available, and that a carefully thought-out EAP exists. Acquiring formal training in emergency first aid and Cardiopulmonary Resuscitation (CPR) is strongly recommended for all participants. In any sport, and for that matter in every accident, countless variations make it almost impossible to guard against all possibilities of a lawsuit. Nonetheless, every effort should be made to safeguard your sport environment. If the coach, manager, or other person with responsibility follows the prescribed checklist on a regular basis it would be a good indication to the courts that those involved have made a serious attempt to reduce potential hazards and injuries. And this could be the best protection of all.

# Injury Care



## ASSESSING THE INJURY

### What is a sport injury?

A sport injury is defined, for our purpose, as any injury which limits an athlete's performance. The degree of disability will vary with the nature of the injury.



In order to decide how to obtain treatment for a particular sport injury, it's important to know the following:

1. Where is the injury? The body area involved is important.  
***Serious head, neck and back injuries are treated differently than injuries to the limbs.***
2. What tissue is involved? Is it muscle, tendon, bone, ligament, etc.?
3. What kind of injury is it? Is it a strain, sprain, fracture...?
4. How serious is it? Is it mild, moderate or severe?

### **Four things to do when an injury occurs**

To get the answers to the above questions, you must be able to evaluate an injury. This can be done as follows:

1. Find out what happened

#### **History**

Get as complete a history of how the injury occurred as possible. The player is the primary source of information. Make sure you find out as much as you can before making any decisions.

☐ what part is injured?

☐ where does it hurt?

☐ what was the athlete doing when it happened?

☐ what position was the athlete in?

☐ did the athlete hear or feel something "go" or snap at the time of injury?

2. Look at the injury

#### **Observation**

Check for alignment, deformity, swelling, bleeding, discoloration or reluctance to use the part or limb. Immediate changes of this nature usually indicate a more severe injury.

### 3. Check for abnormalities

### Function

Does the athlete describe the injured part as displaying any strange sounds (as a grating sensation), smell (as in a burn) or feel (as in swelling). Ask the athlete if he/she is able to move the injured limb/part. Observe the range of motion of the injured part and compare it with the normal, uninjured side if possible.

\*NOTE: Do not move the body part if the athlete cannot do the movement for himself. Never have an athlete move a limb to check for abnormalities if there is any chance of further injury.

### 4. Get medical referral

If there is any doubt about the nature or severity of the injury refer the athlete to a doctor. Is your Emergency Action Plan checklist up to date? Remember, you must plan for this in advance.

## INTRODUCTION TO SERIOUS OR EMERGENCY CONDITIONS

It is very important for everyone (ie. all participants) to know exactly what to do when an injury calls for emergency action. Certain types of injuries such as head injuries, neck and back injuries, severe bleeding and fractures are by definition cause for either serious concern or emergency.

Remember, this does not mean you must be a proficient injury care specialist. It does mean that you must be prepared to react to any injury situation, serious or minor. This will involve making the preliminary assessment, giving appropriate immediate first aid and ensuring further medical attention if deemed necessary.

Use the following chart when evaluating and deciding what to do when a serious or emergency injury occurs.

# Serious or Emergency Conditions

## SERIOUS

	Symptoms	What to Do
Head Injury	<ul style="list-style-type: none"> <li>dizziness / headache / momentary confusion / ringing in the ears / nausea, vomiting / blurred vision / player exhibits inappropriate, confused behavior or even a decreased level of play</li> </ul>	<ul style="list-style-type: none"> <li>any one of symptoms present, remove from activity and monitor signs every few minutes / watch for progressive increase in symptoms / remove from activity and get medical referral immediately</li> </ul>
Neck and Back Injuries	<ul style="list-style-type: none"> <li>temporary loss of sensation in neck, arms or legs / temporary numbness or tingling or "pins and needles" / pain in the spinal area</li> </ul>	<ul style="list-style-type: none"> <li>start EMERGENCY ACTION PLAN / never move or roll the player or attempt to remove any equipment / leave the player lying as found provided he has no difficulty breathing / monitor athlete for signs and symptoms</li> </ul>
Severe Bleeding	<ul style="list-style-type: none"> <li>excessive bleeding and blood loss</li> </ul>	<ul style="list-style-type: none"> <li>apply direct pressure over a clean pad directly on the wound. Keep the pressure firm until the bleeding stops – elevate the injured part if the player can move the affected area / refer for further medical attention</li> </ul>
Fractures	<p><b>Closed Fracture</b></p> <ul style="list-style-type: none"> <li>disruption of the continuity of the bone / localized pain over the bone area / obvious deformity / swelling / loss of function</li> </ul>	<ul style="list-style-type: none"> <li>apply cardinal rule / place in most comfortable position / do not attempt to straighten or splint / apply ice pack / do not permit any weight bearing / refer for medical attention</li> </ul>



*CARDINAL RULE: If the player cannot initiate a movement voluntarily, do not move the body part for the player.*

## EMERGENCY

Symptoms	What to Do
<ul style="list-style-type: none"> <li>• temporary unconsciousness / temporary amnesia / bleeding or fluid leaking from ears or nose / uncoordinated movement and confusion / weakness of arms or legs</li> </ul>	<ul style="list-style-type: none"> <li>• start your EMERGENCY ACTION PLAN / if player is unconscious, treat as a serious neck/head injury (see below) / DO NOT ATTEMPT TO MOVE THE UNCONSCIOUS PLAYER unless the athlete is not breathing and you require access to mouth</li> </ul>
<ul style="list-style-type: none"> <li>• sensation in neck, arms or legs does not return / continued feeling of numbness or tingling or “pins and needles” in extremities / unable to move neck, arms or legs</li> </ul>	<ul style="list-style-type: none"> <li>• start your EMERGENCY ACTION PLAN / never move or roll the player or attempt to remove any equipment / leave the player lying as found provided he has no difficulty breathing / comfort and keep player warm / if not breathing initiate CPR (or rescue breathing) if qualified</li> </ul>
<ul style="list-style-type: none"> <li>• bleeding persists and cannot be controlled / blood pulsating from a cut / loss of skin colour in face / dizziness, nausea</li> </ul>	<ul style="list-style-type: none"> <li>• start your EMERGENCY ACTION PLAN / immediate treatment same as treatment for serious bleeding</li> </ul>
<p><b>Open Fracture</b></p> <ul style="list-style-type: none"> <li>• disruption of the bone with bone sticking through the skin surface / gross deformity / loss of function / bleeding / pain</li> </ul>	<ul style="list-style-type: none"> <li>• start your EMERGENCY ACTION PLAN / control bleeding / apply the cardinal rule / direct pressure – only if bleeding is excessive / ensure the most comfortable position / keep the area clean / do not attempt to apply traction, splint or any movement</li> </ul>

Any person who suffers a head injury should be referred to hospital for emergency medical assessment and care. A head injury may appear minor at first but symptoms may come on slowly over a 24-48 hour period. If the head injured athlete refuses to seek medical attention, send instructions, on a card, home with athlete's parent or friend for a 24-hour observation period.

## HEAD INJURIES

Observe athlete for a 24-hour period. If any of the following occur, take the athlete immediately to an Emergency Department.

1. Increasing drowsiness
2. Difficulty in rousing athlete (should be awakened every 2 hours during the first night)
3. Vomiting/Nausea
4. Continued or increasing headache
5. Continued stiff neck
6. Bleeding or clear fluid dripping from ears or nose
7. Weakness of arms or legs
8. Convulsions
9. Disruption of vision e.g. blurring

## SOFT TISSUE INJURIES

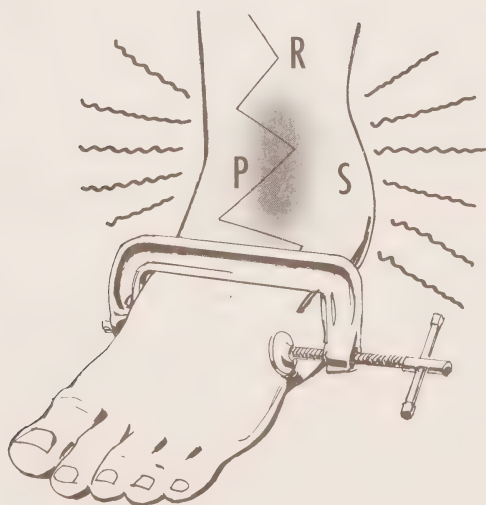
### Signs & Symptoms

Soft tissues include muscles, tendons, ligaments, and skin. Injuries to these tissues are usually the result of a direct blow, a twisting, or a stretching of the tissue. Whatever the cause of such injuries, the body reacts by producing inflammation in the injured area.

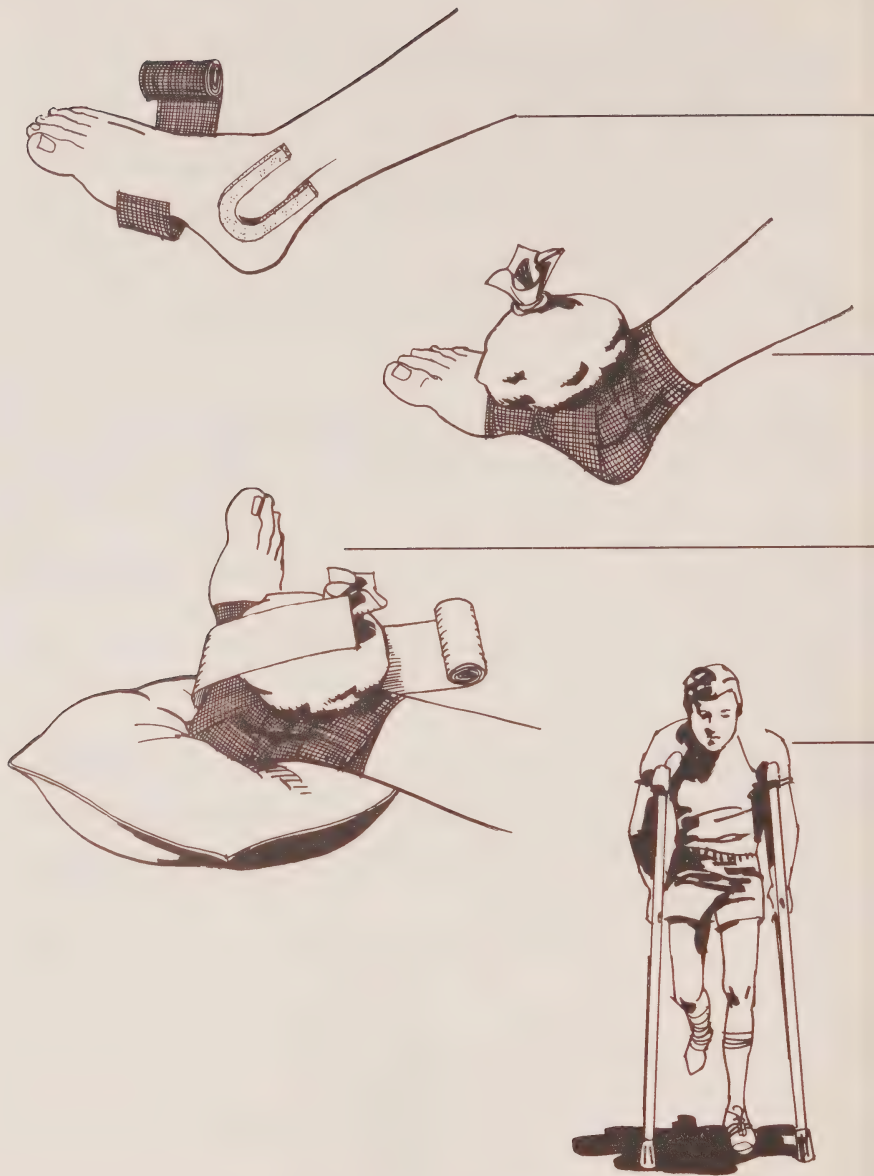
The signs and symptoms of inflammation are best summarized as follows:

- S** – swelling, which may be immediate or may develop over time (usually within 24 hours)
- H** – heat, or increased local temperature
- A** – altered function, such as restricted movement
- R** – redness
- P** – pain

It is essential that you view pain as a warning sign of soft-tissue injury and of the need for rest from activity. Moreover, you should refer an athlete experiencing pain to the appropriate medical personnel.







## Soft tissue injuries treatment

The objective of immediate care of soft-tissue injuries is to reduce inflammation. In addition, proper immediate care usually speeds athletes' recovery.

The most important step in the reduction of inflammation is the application of the PIER principle:

**P** ***Pressure.*** Apply pressure to reduce the swelling or bleeding around the joint or limbs. If possible, use a contoured pressure pad made from 2 cm thick foam or felt padding and one layer of a wet cloth elastic wrap. (Tensor or ace bandage).

**I** ***Ice.*** Apply ice or some other form of cold directly over the wet pressure wrap. Ice reduces the pain and minimizes the body's inflammation response. Apply ice to the injured area for 15 minutes, remove for 15-30 minutes and repeat.

**E** ***Elevate.*** If possible, elevate the injured area above the level of the heart. Such elevation helps keep swelling to a minimum.

**R** ***Restrict.*** Rest or restrict movement. If a lower limb is injured, either have the athlete use crutches or he should be carried – it avoids excessive lower-limb movement. In the case of upper limb injuries, have athletes use tensors or slings – they prevent movement of the injured area.

NOTE: Make sure that the athlete does not return to activity too soon, because doing so will only aggravate the injured area and start the inflammation cycle again.

## **Precautions**

1. Never apply ice directly to the skin. The direct cold may cause sensitivity (allergic) reaction. Extremely cold ice may also cause frostbite or an ice burn.
2. Never apply ice for longer than 20 minutes at a time.
3. Always instruct the player to remove the pressure wrap before retiring to sleep. Do encourage him to keep the injured part elevated at all possible times...including in bed.
4. Check for feeling and muscle movement of the injured part at regular (30 minute) periods during the time the pressure wrap remains in place.

# Soft Tissue Injuries – Classifications

	Function
Muscle	<p>Causes movement in joints by contracting (shortening) and pulling on tendons</p> <p><b>Example</b> Biceps – bends the elbow Hamstring – bends the knee</p>
Tendon	<p>Joins muscle to bone and serves as the pulling lever in the musculoskeletal system</p> <p><b>Example</b> Achilles tendon attaches calf muscles to heel – when pulled points the foot down</p>
Ligament	<p>Non-contracting tissue joining bone to bone. Stabilizes and directs the joints during movement</p>
Cartilage (or meniscus)	<p>Semi-bone tissue found either on the ends of bones or wedged between two adjacent bone surfaces serves to provide a gliding surface, or act as a moderate shock absorber in the joint.</p> <p><b>Example</b> Knee joint meniscus – two wedged shaped cartilages inside the knee</p>





Type of Injury to Tissue	Example
<p><b>Strain</b> – Disruption or tearing of muscle or muscle-tendon tissue</p> <p><b>Contusion</b> – Bruising and bleeding in the muscle tissue usually caused by a direct blow</p>	<p>A hurdler overextends the leading leg and tears the muscle of the back of the leg. The result is a hamstring <b>strain</b> or “pull”.</p>
<p>Same as <b>Strain</b> above</p>	<p>A squash player reaches for a dropshot and overextends the muscles in the back of his calf and feels a sharp pain in the heel. The action results in a torn achilles tendon.</p>
<p><b>Sprain</b> – Disruption of ligament tissue</p>	<p>A volleyball player comes down from blocking a spike and lands on a team-mate’s foot, causing the ankle to turn in and down. This results in a <b>sprain</b> of the anterior and lateral ankle ligaments.</p>
<p>Torn cartilage</p>	<p>Frequently torn in major twisting injuries of the knee.</p>

## **MINOR SOFT TISSUE CONDITIONS**

### **Nosebleeds**

Nosebleeds have many causes, among them direct injury, allergies, humidity, altitude, and spontaneous rupture. The amount of bleeding does not always indicate the severity of the injury – the head and face have an abundant supply of blood, and so even a minor injury may result in considerable blood loss.

Care of nosebleeds consists primarily of stopping the bleeding. To do so, have the athlete sit quietly, pinch the soft part under the bridge of the nose between thumb and forefinger, gently bow the head forward, and hold this position for at least ten minutes. If bleeding persists, repeat this pinch technique for another ten minute period. If this second pinching does not stop the bleeding, get medical help.

It is important to note the following:

- Do NOT pack any materials into the nostrils.
- Once bleeding is under control, the athlete should avoid vigorous activity for about an hour.
- If there is a clot, DO NOT dislodge it.
- If there is severe trauma and swelling, refer the athlete to medical personnel who will check for broken nasal bones.
- Applying ice over the nose or forehead helps reduce bleeding and swelling.

### **Cuts, abrasions and lacerations**

Minor scrapes and scratches usually require little immediate treatment other than stopping the bleeding with direct pressure over the wound.

Advise athletes that they can prevent minor scrapes from becoming major medical problems by practising good hygiene.

All scrapes, abrasions, and small cuts should be thoroughly cleaned with soap, water and an antiseptic such as hydrogen peroxide. Do NOT try to remove severely imbedded particles (stones, glass, etc.). Rather, refer such cases to medical personnel.

Once cleaned, the area should be dried and covered with a nonstick, sterile pad or bandage. The area should be protected from getting wet, it should be cleaned daily, and the dressing should be changed daily. While resting at home, leave the area exposed to air in order to speed healing. The wound should then be covered again when going out.

## **Blisters**

The most common cause of blisters is friction over the underlying skin area. The resulting rubbing and heating of the area causes the skin layers to loosen and fill with fluid. The best treatment for blisters is prevention. In particular, make sure that equipment fits properly, avoid wearing new equipment for long periods until it has been broken in, and reduce friction whenever possible (put powder in shoes and socks, lubricate the feet with skin lotions, protect the hands and fingers with tape, etc.). Identify a red area on skin (or “hot spot”) as an early sign of a blister and cover immediately with a small piece of moleskin.

If a blister does form, the best treatment is to leave it alone and protect the area with a small pad.

Do not puncture blisters unnecessarily – it can lead to infection. However, if you do puncture a blister or it breaks, take the following steps:

- Thoroughly clean the area with soap, water and antiseptic (for example, hydrogen peroxide liquid).
- DO NOT tear off any remaining skin – it is protection for the tender areas underneath.
- Use an antibacterial ointment or first aid cream, and cover



the area with a nonstick bandage.

- Avoid getting the area wet.
- Clean the area daily, and change the cover daily – it helps avoid infection.
- Protect the entire area with a donut pad or larger bandage.

## RETURN TO ACTIVITY

Before athletes can return to activity after an injury, they must be fully recovered; otherwise, they will only further injure themselves. Full recovery means the following:

- 100% range of movement
- 100% return of strength
- the absence of pain
- psychological readiness
- the ability to perform the skills of the chosen activity
- no swelling

To determine whether an athlete is ready to return to activity, go through the following steps:

- Have him or her perform some simple movements that will be required during activity. Start with simple tasks at slow speed.
- If there is no pain or altered function (limping, for example), gradually increase what you demand of the athlete.
- If there is any doubt in your mind about whether the athlete is ready for activity, refer him or her for further medical attention.



# Consent Form

I hereby certify that I am the parent/guardian of

\_\_\_\_\_  
(Players Name)

who is under 18 years of age and I hereby consent to any emergency medical procedures which may be deemed necessary by a licensed medical practitioner as a result of his/her involvement in a sport activity.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Witness \_\_\_\_\_

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## RESOURCES — EMERGENCY CARE AND FIRST AID

Following is a list of National Organizations involved in the training of the public in First-Aid and Emergency Care services. All Organizations have local, regional or Provincial offices which can be contacted through the national centre. A brief description of services is provided.

### 1. CANADIAN ATHLETIC THERAPISTS ASSOCIATION

1600 James Naismith Drive  
Gloucester, Ottawa  
K1B 5N4 Phone: (613) 748-5671

Various levels of sports injury prevention care and management.  
Programs for the community coach to the professional athletic therapist.

### 2. CANADIAN PHYSIOTHERAPY ASSOCIATION, SPORTS PHYSIOTHERAPY DIVISION

1600 James Naismith Drive  
Gloucester, Ottawa  
K1B 5N4 Phone: (416) 748-5671

Offers sports injury care and prevention.

### 3. HEART AND STROKE FOUNDATION OF ONTARIO

477 Mount Pleasant Rd., 4th Floor  
Toronto, Ontario  
M4S 2L9 Phone: (416) 489-7100

Education programs in cardio-pulmonary resuscitation (CPR) including recognition, prevention and immediate care of airway obstruction and heart attack.

### 4. CANADIAN RED CROSS SOCIETY, Ontario Division

5700 Cancross Court  
Mississauga, Ontario  
L5R 3E9 Phone: (416) 890-1000

Courses in general basic first-aid and emergency care techniques with emphasis available on water safety programs.

### 5. ROYAL LIFE SAVING SOCIETY OF CANADA

43 Coldwater Road,  
North York, Ontario  
M3B 1Y8 Phone: (416) 447-7276

Water safety education with general first-aid and emergency care technique programs.

### 6. ST. JOHN AMBULANCE SOCIETY

Box 388 — Terminal "A"  
Ottawa, Ontario  
K1N 8V4 Phone: (613) 236-7461

Various levels of emergency first-aid training programs for the community and workplace environments.

# Player Information Card

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Day Month Year

Person to be contacted in case of emergency \_\_\_\_\_

Phone numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Alternative contact \_\_\_\_\_

Phone numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Family doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Hospital insurance number: \_\_\_\_\_

Relevant medical history: Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Previous injuries \_\_\_\_\_

Does the player carry and know how to administer his or her own medications?

Yes: ☐ No: ☐

Other conditions (braces, contact lenses, etc.): \_\_\_\_\_

Note: Medical information is confidential. Keep this card with the team at all times. These cards should not be available to other than authorized individuals.

# Call Place Information Card

Site \_\_\_\_\_

Phone Locations \_\_\_\_\_

Phone Numbers: Police \_\_\_\_\_

Ambulance \_\_\_\_\_

Hospital Name \_\_\_\_\_ Location \_\_\_\_\_

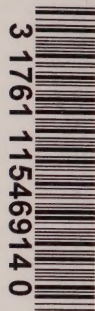
Emergency Dept. \_\_\_\_\_ Fire \_\_\_\_\_ Gen. Emer. \_\_\_\_\_

Details to be provided to Emergency Service

Type of Emergency \_\_\_\_\_

Directions to Facility \_\_\_\_\_





National  
Coaching  
Certification  
Program



Ontario

Ministry of  
Tourism  
and  
Recreation